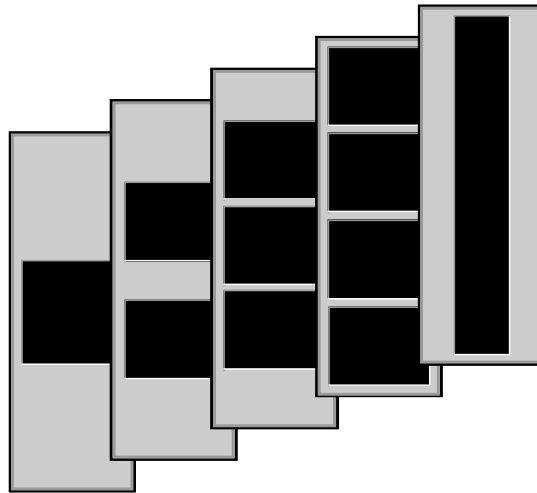




United States Army Recruiting Command



WARRANT OFFICER ACCESSION PROGRAM SAMPLE APPLICATION AND GUIDE



WWW.USAREC.ARMY.MIL/WARRANT
May 2006

The information contained in this sample application changes frequently. For the most up-to-date information please visit our web site at www.usarec.army.mil/warrant.

STEPS IN PROCESSING A WARRANT OFFICER APPLICATION

Step 1: Visit the Warrant Officer (WO) recruiting web site at: <http://www.usarec.army.mil/warrant>. Start with the "Program Overview" and follow the instructions to download the forms for use with Formflow or Adobe Acrobat software.

Step 2: Review Army Regulation 135-100 and Department of the Army Circular 601-99-1. (All Army publications mentioned throughout this guide can be found on the Internet at <http://www.usarec.army.mil/warrant>).

Step 3: Verify that you meet the following Administrative requirements:

- (a) US citizenship
- (b) General Technical (GT) score of 110 or higher (Other service Applicants must convert their GT scores - see web site)
- (c) Be a high school graduate or hold a GED
- (d) Secret security clearance (Interim secret is acceptable to apply - IAW AR 380-67 & AR 135-100)
- (e) Pass the standard 3-event Army Physical Fitness Test (APFT) and meet height/weight standards (IAW FM 21-20 & AR 600-9)
- (f) Pass the appointment physical for Technicians or the Class 1A flight physical for Aviators (IAW AR 40-501).
- (g) Minimum of 12 months remaining on current service contract as of board convene date.

Step 4: Ensure you meet the **MINIMUM** prerequisites listed on our web site for your requested WO Military Occupational Specialty (WOMOS). If you do not, you must either wait until you meet all the prerequisites or request a prerequisite waiver.

Prerequisites for 153A - Aviator: Open to any rank and MOS (after AIT completed), must be less than 33 years of age by the board convene date, score 90 or higher on the AFAST, and pass a Class 1A flight physical.

General prerequisites for all other WOMOSs: SGT or higher, 4-6 years experience in the field for which applying (see web site), and be less than 46 years (36 years for SF) of age by the board convene date.

Step 5: It is recommended that you keep a copy of all documents for reference. **DO NOT** use document protectors or binders. Packets can be submitted by Digital Sender (see bottom of checklist) or to our fax server at (502) 799-1790. The fax will automatically be converted to PDF and stored on our server. Verify your status on-line or and call/email the recruiters if your status has not changed in 48 hours.

Step 6: Take completed packet to your Personnel Services Detachment (PSD), Military Personnel Division (MPD) or S-1 office for review. Have a NCO or OIC endorse your checklist stating you are not barred, flagged or pending UCMJ action. **Non-Army** personnel can skip this step and submit their application directly to the address indicated in step 12.

Step 7: Once at USAREC, the packet will be logged in to the computer, and then screened for completeness. You will be notified of any discrepancies by phone or email using the contact information in blocks 17 & 19 of your DA Form 61. (Ensure the email address on your DA Form 61 is an email that you check daily.) Verify your status online before calling/emailing recruiters.

Step 8: Technician packets are forwarded to their Branch WO proponent for technical evaluation. Aviator applications are evaluated at USAREC unless a waiver is required. Proponent-qualified applications are considered "board-ready" if no waivers are needed. The applicant will be notified if not qualified by the proponent or if waivers are disapproved. Please allow 4 - 6 weeks for processing of waivers.

Step 9: Applications requiring a moral waiver (if block 26 of the DA Form 61 is answered YES) are forwarded to Army Reserve Personnel Command (AR-PERSCOM), St Louis, MO by USAREC. Please allow 4 - 6 weeks for processing waivers.

Step 10: Applications requiring an Active Federal Service (AS) waiver* or an age waiver** are forwarded to the Deputy Chief of Staff for Personnel (DCSPER) at HQDA. Please allow 4 - 6 weeks for processing waivers.

***AFS Waiver** 12 or more years active service at the time the DA Form 61 is signed.

****Age Waiver** Aviator applicants who are 33 or older by the convene date of the board, or Tech applicants who are 46 (36 for SF) or older by the convene date of the board.

Step 11: Accession boards are held bimonthly at USAREC starting in November, but not all MOSs are considered at each board. The board vote results in one of the following designations:

Selected, Qualified - Select (Q-S) (You have been selected and will attend WOCS in approximately 2 - 6 months)

Fully Qualified - Non-selected (FQ-NS) (You have not been selected and will be considered by one more board automatically. It is highly recommended to make any updates that you feel will improve you packet at this time.)

Not Selected - Not Competitive (NS-NC) (You have not been selected by 2 consecutive boards, and are not considered competitive with current packet provided). Applicants twice non-selected for the WO Program may reapply immediately if they remain qualified. Please see the web site for process to re-apply. If the application is not updated or you do not request it to be returned, it will be destroyed after 90 days.

Step 12: Visit our web site at least monthly for new or updated information and for board results (normally published the week following a board). Update your application with NCOERs, transcripts, APFT, resumes, letters, etc... Mail updates NLT 1st of the board month to:

COMMANDER, HQ USAREC
ATTN: RCRO-SM-A
1307 3RD AVE
FT KNOX, KY 40121-2726

Updates can also be sent to FAX number (502) 626-0938 (DSN 536) or the new fax to document number (502) 799-1790. Any documents sent to the alternate number will automatically be converted to PDF documents. Packets can also be sent to newwarrantpackets@usarec.army.mil via email in a PDF format. Please only use one method of delivery and do not split packets between different means unless asked by a recruiter to do so.

Warrant Officer Application Checklist

All documents should be single-sided copies and in the following order:

Name: _____

Board Packet (These copies should be clean and neat in appearance – they will make up your board packet being reviewed for your selection):

- ___ DA 61 (with HT/WT and APFT statement, signed as shown on the web site example)
- ___ Senior Warrant Officer Letter (Optional for some WOMOS)
- ___ Company Commander Letter of recommendation (or applicable Company Grade UCMJ authority)
- ___ Battalion Commander Letter of recommendation (or applicable Field Grade UCMJ authority)
- ___ Resume
- ___ ERB or equivalent document (used to verify DOB, GT, AFS, and ETS)
- ___ OMPF Hard Copies (Last three years of NCOERS and AERS in order newest to oldest)
- ___ College Transcript(s)
- ___ COPIES of Professional Certificates (Licenses or Certificates issued to Engineers, Mechanics etc...)
- ___ AFAST Results (153A applicants only)
- ___ DA Photo

Supporting Documents: (These documents are required to qualify your packet, but will not be reviewed by the board)

- ___ Security clearance (DO NOT SEND DA Form 873, minimum Interim Secret clearance required)
- ___ Physical Coversheet USAREC Form 1932 (Aviation - expires after 18 months, all others expire at 24 months. If waiver or exception to policy required, applicant needs to send complete physical. 153A applicants need to send DD 2808 with Stamp from USAAMC, Ft. Rucker)
- ___ DA Form 160-R enclosed (ensure that you sign it and block 9a is checked)
- ___ Remaining Hard Copy documents from OMPF not included on your ERB (awards, certificates)
- ___ Re-enlistment documents if ERB does not show 12 months remaining
- ___ Statement of understanding enclosed (a copy of this memo is on the web site)
- ___ Conditional Release enclosed if you are not an active duty Army applicant
- ___ English credit document if required (250N, 251A, 254A, 420A, 920A, 920B, 921A, 922A, 923A)
- ___ TABE score document if required (880A, 881A)
- ___ Body fat statement enclosed on DA 61 (if required)
- ___ Moral waiver request if required (as identified in blocks 26 on DA Form 61)
- ___ Age waiver request enclosed if required (max age is 33 for aviators, 36 for SF and 46 for all others)
- ___ Prerequisite waiver request enclosed if required (verify with MOS on web site)
- ___ AFS waiver request enclosed if required (12 years for all MOS)
- ___ APFT waiver request enclosed if required (must include Physical Profile and complete Physical with packet)
- ___ Checklist endorsed by PSB or S-1 NCO is acceptable (validating soldier is not flagged or barred)
- ___ Mail Completed Application to:

HEADQUARTERS US ARMY RECRUITING COMMAND
ATTN RCRO-SM-A
1307 THIRD AVENUE
FORT KNOX KY 40121-2725

This section to be completed and authenticated by PSD/MPD personnel or the Battalion S-1.

I certify that service member is not flagged and is eligible to apply for this program.

REVIEWER (printed name and title): _____
SIGNATURE: _____ DATE: _____
DSN PHONE #: _____ COMM PHONE #: _____
EMAIL: _____

Packets can also be sent via Digital Sender to NewWarrantPackets@usarec.army.mil

Please follow up with the recruiting team to verify your packet was received. Do not send multiple copies of your packet via email and hard copy.

For use of this form, see AR 135-100, AR 145-1, AR 351-5, and AR 601-100; the proponent agency is DCSPER

AUTHORITY: Title 10 United States Code, Section 3012 (Title 5 United States Code, Section 552a)

PRINCIPAL PURPOSE: To obtain an appointment as a commissioned or warrant officer in the Regular Army or Army Reserve, or to obtain selection to attend the US Army Officer Candidate School.

ROUTINE USES: Basis for determination of qualifications and background information for eligibility for consideration for appointment as a Regular Army or Army Reserve commissioned/warrant officer or for selection for attendance at the US Army Officer Candidate School.

DISCLOSURE Disclosure of information requested in DA Form 61 is voluntary. Failure to provide the required information will result in non-acceptability of the application.

| | | | | | | | |
|--|--------|-----------|---|--|---|---|---|
| 1. TYPE OF APPOINTMENT FOR WHICH APPLICATION IS SUBMITTED | | | | 2. GOVERNING REGULATION OR CIRCULAR (Specify appropriate section(s) if applicable) | | | |
| | | | | AR 135-100 | | | |
| COMMISSIONED OFFICER - REGULAR ARMY | | | | 3. GRADE FOR WHICH APPLYING (Reserve appointments only) WO1 | | | |
| COMMISSIONED OFFICER - ARMY RESERVE | | | | 4. SOURCE OF APPLICATION (ROTC only) | | | |
| WARRANT OFFICER - REGULAR ARMY **DO NOT SELECT ** | | | | DMG DATE DESIGNATED: | | | |
| WARRANT OFFICER - ARMY RESERVE * All Applicants Select this box * | | | | SCHOLARSHIP - ENTER 1, 2, 3 OR 4 YEARS: | | | |
| OFFICER CANDIDATE SCHOOL | | | | 5. ONLY FOR APPLICANTS FOR APPOINTMENT AS WARRANT OFFICERS | | | |
| 6. BRANCH AND SPECIALTY PREFERENCES | | | | (List choice by MOS code and title) | | | |
| Regular Army and Officer Candidate applicants and all ROTC graduates: In numerical sequence, indicate 10 branch preferences other than CA and SS. USAR applicants: If applying for a specific Reserve vacancy, indicate ONLY the branch of the vacant position; all other applicants may enter more than one branch. | | | | a. MOS CODE | | b. MOS TITLE | |
| | | | | 270A | | Legal Administrator | |
| | | | | | | If qualified, may list up to 3 MOSs. List MOSs in order of preference. Listing more than 1 MOS requires extra processing time because proponents must review. | |
| | | | | | | | |
| PERSONAL DATA | | | | | | | |
| PREFERENCE | BRANCH | SPECIALTY | 7. NAME (Last, first, middle)(Explain variations from birth certificate in Item 41) | | | 8. GRADE | 9a. SOCIAL SECURITY NUMBER |
| | AD | | WHO, You Are | | | E-6 | 000-00-0000 |
| | AG | | 10. BRANCH (MOS if enl or wo) | 11. TOTAL YRS ACTIVE SERVICE | 12. MARITAL STATUS | 13. NUMBER OF DEPENDENTS UNDER 18 YEARS OF AGE | |
| | AR | | 27D30 | 7 | M | 2 | |
| | AV | | 14. DATE OF BIRTH | 15. PLACE OF BIRTH (City, county, state) | | 16. SEX | 17. COMPLETE MILITARY ADDRESS (If presently on active duty) (Include ZIP Code) |
| | CA | | 7 Apr 71 | Radcliff Hardin Kentucky | | M | HHC, III Corps Fort Hood, TX 76544 PHONE AND/OR AUTOVON NUMBER DSN 738-7411 |
| | CM | | 18. PERMANENT ADDRESS (Include ZIP Code) | | | 19. CURRENT MAILING ADDRESS (If difference from Item 18) (Include ZIP Code) | |
| | EN | | 407 Keith Street Elizabethtown, KY 42701 | | | 419A Nicholson Road Fort Hood, TX 76544 | |
| | FA | | PHONE (Include area code) (502)765-6868 | | | EMAIL ADDRESS (817)288-2527 | |
| | FI | | | | | PHONE (Include area code) (817)526-1111 | |
| | IN | | 20. US CITIZEN | a. NATIVE | b. NATURALIZATION | c. APPLICANT'S CERTIFICATE NO. (If Item b. checked) (Date, place, court) | |
| | MI | | <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> DERIVED | | |
| | MP | | <input type="checkbox"/> NO | <input type="checkbox"/> NO | <input type="checkbox"/> IMMIGRANT | | |
| | OD | | | | | | |
| | QM | | 21. CIVILIAN EDUCATION (See page 3 for additional requirements for professional personnel) | | | | |
| | SC | | a. HIGH SCHOOL GRADUATE | | b. NAME AND LOCATION OF HIGH SCHOOL | | |
| | SS | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | Orchard View High School, Muskegon, MI 49442 | | |
| | TC | | c. NAME AND LOCATION OF EACH COLLEGE OR UNIVERSITY ATTENDED (Include USMA, USNA, USAFA, USCGA, and USMMA) | | (1) DEGREE | (2) SEMESTER CREDITS | (3) YEARS ATTENDED |
| | AN | | University of Maryland | | BS | 120 | 4 |
| | CH | | Central Texas College | | | 35 | 1 |
| | DE | | | | | | |
| | JA | | | | | | |
| | MC | | | | | | |
| | MS | | | | | | |
| | SP | | d. SPECIAL EDUCATIONAL HONORS, SCHOLARSHIPS, ETC. | | e. IF YOU HAVE EVER BEEN EXPELLED FROM SCHOOL, OR PLACED ON PROBATION, EITHER FOR ACADEMIC OR DISCIPLINARY REASONS, EXPLAIN (Continue in Item 41)(Remarks)) | | |
| | VC | | | | | | |
| 22. HIGHEST LEVEL SERVICE SCHOOL ATTENDED | | | | | | | |
| a. NAME OF SCHOOL | | b. COURSE | | c. DATES (Mo-Yr) | | COMPLETED | |
| | | | | FROM | TO | YES | NO |
| US Army Soldier Spt Center Ft. Jackson, SC | | BNCOC | | 01 97 | 04 97 | X | |
| 23a. FOREIGN LANGUAGES AND DEGREE OF PROFICIENCY | | | | | | b. ALAT SCORE (If applicable) | |
| NA | | | | | | NA | |

| | | | | | | |
|--|--|--|-------------------------------------|---|--|-------------------------------------|
| 24. ARE YOU NOW, OR HAVE YOU EVER BEEN A CONSCIENTIOUS OBJECTOR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, attach affidavit) | | | | | | |
| 25. <input checked="" type="checkbox"/> I UNDERSTAND THAT, IF I AM SELECTED FOR APPOINTMENT, I WILL BE EXPECTED TO ACCEPT SUCH ASSIGNMENTS AS ARE IN THE BEST INTEREST OF THE SERVICE REGARDLESS OF MY MARITAL STATUS AND/OR RESPONSIBILITY FOR DEPENDENTS; AND IT IS MY RESPONSIBILITY TO MAKE APPROPRIATE ARRANGEMENTS FOR THE CARE OF MY DEPENDENTS SHOULD I BE REQUIRED TO PERFORM DUTY IN AN AREA WHERE DEPENDENTS ARE NOT PERMITTED. | | | | | | |
| 26. HAVE YOU EVER UNDER EITHER MILITARY OR CIVILIAN LAW BEEN INDICTED OR SUMMONED IN TO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING (Including any proceedings involving juvenile offenses, article 15, UCMJ, and any court-martial) REGARDLESS OF THE RESULT OF TRIAL, OR CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, PAROLED OR PARDONED, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? (Exclude traffic violations involving a fine or forfeiture of \$100 or less). | | | | | | |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, ATTACH REQUEST FOR WAIVER LISTING THE DATE, THE NATURE OF EACH ALLEGED OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE AND FURNISH COPY OF COURT ACTION OR DETAILED STATEMENT IN AFFIDAVIT FORM AS TO THE OUTCOME OF EACH CASE. | | | | | | |
| 27. ACTIVE MILITARY SERVICE (Indicate tour with each organization separately - show ROTC Camps in Item 39) | | | | | | |
| | a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps) | b. DATES (Day, Month, Year) | | c. BRANCH/MOS (As appropriate) | d. PRIOR SERVICE NO. (If applicable) | e. HIGHEST GRADE AND COMPONENT |
| | | FROM | TO | | | |
| ENLISTED | US Army | 25 Jun 92 | Present | 27D30 | NA | E-6/RA |
| | | | | | | |
| | | | | | | |
| WARRANT OFFICER | | | | | | |
| | | | | | | |
| | | | | | | |
| COMMISS- SIONED | | | | | | |
| | | | | | | |
| | | | | | | |
| f. DATE CURRENT ACTIVE DUTY TOUR TERMINATES ETS: 17 Oct 2010 | | g. DATE OF LAST ADL PROMOTION DOR: 1 Aug 99 | | | | |
| 28. RESERVE OR NATIONAL GUARD SERVICE (Not on active duty) | | | | | | |
| | a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps) | b. DATES (Day, Month, Year) | | c. BRANCH/MOS (As appropriate) | d. PRIOR SERVICE NO. (If applicable) | e. HIGHEST GRADE AND COMPONENT |
| | | FROM | TO | | | |
| ENLISTED | US Army Reserve | 2 Feb 91 | 24 Jun 92 | 71D10 | NA | E-4/USAR |
| | | | | | | |
| | | | | | | |
| WARRANT OFFICER | | | | | | |
| | | | | | | |
| | | | | | | |
| COMMISS- SIONED | | | | | | |
| | | | | | | |
| | | | | | | |
| 29. SOURCE OF CURRENT COMMISSION (If applicable) | | | | 30. AWARDS (Do not list theater or service medals) | | |
| ARNGUS: <input type="checkbox"/> OCS <input type="checkbox"/> DIRECT APPOINTMENT <input type="checkbox"/> OTHER USAR: <input type="checkbox"/> ROTC <input type="checkbox"/> ROTC (ECP) <input type="checkbox"/> ROTC (SMP) <input type="checkbox"/> OCS <input type="checkbox"/> DIRECT APPOINTMENT | | | | MSM-2, ARCOM-2, AAM-2 (Achievement Awards Only) | | |
| 31. HAVE YOU EVER APPLIED AND NOT BEEN SELECTED FOR: a. ROTC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. OCS <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | |
| c. APPOINTMENT IN RESERVE COMPONENT (USAR/ARNG) | | YES | NO | d. APPOINTMENT IN REGULAR ARMY | | YES NO |
| AS A WARRANT OFFICER | | | <input checked="" type="checkbox"/> | AS A WARRANT OFFICER | | <input checked="" type="checkbox"/> |
| AS A COMMISSIONED OFFICER | | | <input checked="" type="checkbox"/> | AS A COMMISSIONED OFFICER | | <input checked="" type="checkbox"/> |
| e. IF ANSWER IS "YES", EXPLAIN FULLY | | | | | | |
| 32. ARE YOU NOW OR HAVE YOU EVER BEEN IN THE MILITARY SERVICE OF OR BEEN EMPLOYED BY A FOREIGN GOVERNMENT (If yes, give dates, country and type of service or employment) No | | | | | | |
| 33. HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN IN LIEU OF ELIMINATION PROCEEDINGS; BEEN DISCHARGED IN LIEU OF ELIMINATION, FURLOUGHED (other than regular furlough or leave), OR PLACED ON INACTIVE STATUS WHILE SERVING IN THE US ARMED FORCES; OR, HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN FROM A POSITION WHILE IN PRIVATE OR GOVERNMENT EMPLOYMENT? (If yes, state circumstances; if more space is required, continue on separate sheet). | | | | | | |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | |

| | | | | | |
|---|---|--|---------------------------------------|--|------|
| 34. APPLICANTS FOR JUDGE ADVOCATE GENERAL'S CORPS ONLY | | | | 35. APPLICANTS FOR CHAPLAINS BRANCH ONLY | |
| BARS OF WHICH YOU ARE A MEMBER (Specify dates) | | | | RELIGIOUS DENOMINATION BY WHICH YOU WILL BE ENDORSED | |
| 36. APPLICANTS FOR MEDICAL AND DENTAL CORPS ONLY | | | | | |
| a. TRAINING | | b. NAME AND LOCATION OF HOSPITAL | | c. DATES (Month and Year) | |
| LEVEL | TYPE | | | FROM | TO |
| INTERNSHIP | | | | | |
| RESIDENCY TNG | | | | | |
| SPECIALTY TNG | | | | | |
| d. SPECIALTY BOARDS | | | | e. DATES OF CERTIFICATION (Day, Month, Yr) | |
| | | | | | |
| | | | | | |
| | | | | | |
| f. PLACE IN WHICH CURRENTLY LICENSED | | | | | |
| 37. APPLICANTS FOR ARMY NURSE CORPS AND ARMY MEDICAL SPECIALIST CORPS ONLY | | | | | |
| a. NAME OF NURSING OR ACCREDITED PROFESSIONAL SCHOOL | | | b. LOCATION | | |
| c. DATES OF ATTENDANCE (Mo, Yr) | | d. STATE AND CURRENT REGISTRATION NUMBER | | e. STATE AND DATE OF INITIAL REGISTRATION (Day, Month, Year) | |
| FROM | TO | | | | |
| f. POSTGRADUATE COURSES (Include courses at general hospitals, service schools, and short courses) | | | | | |
| (1) SUBJECT OR COURSE | (2) NAME AND LOCATION OF SCHOOL OR HOSPITAL | (3) SEMESTER CREDITS EARNED | (4) DATES OF ATTENDANCE (Month, Year) | | |
| | | | FROM | TO | |
| | | | | | |
| | | | | | |
| | | | | | |
| 38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? (If yes, give dates) | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| 39. ARMY ROTC (To be completed only by prospective ROTC graduates applying for appointment in USAR or RA) | | | | | |
| SUCCESSFULLY COMPLETED AROTC PROGRAM AS FOLLOWS | | | | | |
| COURSE | DATES ATTENDED (Month and Year) | | c. CAMP TRAINING | | |
| | FROM | TO | | | |
| a. BASIC | | | (1) INSTALLATION (Basic) | COMPLETION DATE (Month, Year) | |
| b. ADVANCED | | | (2) INSTALLATION (Advanced/Ranger) | COMPLETION DATE (Month, Year) | |
| 40. MAIN CIVILIAN EMPLOYMENT | | | | | |
| a. NAME AND ADDRESS OF EMPLOYER | | b. JOB TITLE | | c. MONTH AND YEAR | |
| Kelly Temporary Services Grand Rapids, MI 48722 | | Secretary/Typing | | FROM | TO |
| | | | | 0292 | 0692 |
| b. PRINCIPAL DUTIES (Describe briefly) | | | | | |
| Typed letters, kept personnel files updated, answered inquiries | | | | | |
| 41. REMARKS (Experience, proficiencies and special abilities not shown elsewhere in this application. Those required to enter primary entry specialties, see Para 1-27d,e, AR 601-100). (If more space is required, attach additional sheet) | | | | | |
| I certify that (Applicant's Name) successfully passed the APFT consisting of pushups, situps, and the two mile run with a score of _____ on _____; the verified height is _____ and verified weight is _____. (Applicant's Name) meets Body Fat Standards according to AR 600-9. (Include Body Fat statement in lieu of the Body Fat Worksheet - if required) | | | | | |
| JOHN Q. DOE CPT, AG Commanding | | | | | |
| 42. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. | | DATE | SIGNATURE OF APPLICANT | | |
| | | Current Date | Applicant's Signature Here | | |

APPLICATION FOR ACTIVE DUTY

For use of this form, see AR 135-210; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10 USC, 672(d), 10 USC 275.

PRINCIPAL PURPOSE: Used by Reserve Component soldiers to apply for active duty programs announced by HQDA. Application is reviewed to determine the member's eligibility for announced active duty requirements.

ROUTINE USES: To determine qualifications and make final selection of individuals applying for active duty. Also used to schedule medical examinations, security screening and to issue active duty orders. The SSN is used to identify the soldier.

DISCLOSURE: Disclosure of your SSN and other personal information is mandatory for soldiers applying for active duty programs announced by HQDA.

SEE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THIS FORM.

| | | | |
|--|------------------|--|--|
| 1. DATE Current Date | | 2. TO: Commander, U.S. ARMY RECRUITING COMMAND, FORT KNOX KY 40121 | |
| 3. FROM (Last, First, MI) WHO, You A. | | 4a. PRESENT RESERVE GRADE | 4b. RESERVE COMPONENT |
| 4c. SSN 000-00-0000 | 4d. BRANCH NA | 5a. MOS/AOC 27D30 | 5b. COMPONENT RA |
| 6a. PERMANENT HOME ADDRESS (Include ZIP code) ENTER YOUR HOME OF RECORD | | 6b. PHONE NO. (Include area code) (502)765-6868 | |
| 7a. TEMPORARY ADDRESS (Include ZIP code) 419A Nicholson Road Fort Hood, TX 76544 | | 7b. DURATION Oct 2002 | 7c. PHONE NO. (Include area code) (517)773-2527 |

ITEM 8 TO BE COMPLETED ONLY BY PERSONNEL CURRENTLY SERVING ON ACTIVE DUTY IN A WARRANT OFFICER OR ENLISTED STATUS.

| | | |
|--------------------------------------|------------------------|--|
| 8a. PRESENT ACTIVE DUTY GRADE E-6 | 8b. SSN 000-00-0000 | 8c. ORGANIZATION AND STATION ASSIGNMENT HHC, III Corps, Fort Hood, TX 76544 |
|--------------------------------------|------------------------|--|

9. I hereby volunteer to enter on active duty, for the period indicated below, in my branch or any of the following branches that I may be qualified for; and if accepted for active duty in another branch, I request transfer to that branch: (Check as appropriate)

☒ a. FOR A PERIOD OF 6 YEARS ☐ b. FOR AN INDEFINITE PERIOD

c. OTHER BRANCHES (List in order of preference)

10. I understand that if accepted for active duty I may be assigned to any command, including an overseas command, to fill any Army-wide vacancy. However, I would like to be considered for one of the three duty assignments and areas of assignment listed below in the order of my choice.

| | CHOICE NO. 1 | CHOICE NO. 2 | CHOICE NO. 3 |
|--------------------|--------------|---------------|---------------|
| a. DUTY ASSIGNMENT | 270A | 270A | 270A |
| b. AREA ASSIGNMENT | Germany | Fort Knox, KY | Fort Hood, TX |

11. If it is possible, I prefer to enter on active duty during one of the three periods indicated below in order of preference:

| | | |
|---|---|---|
| PREFERENCE NO. 1 (Month and Year) ASAP | PREFERENCE NO. 2 (Month and Year) ASAP | PREFERENCE NO. 3 (Month and Year) ASAP |
|---|---|---|

12. Upon receipt of active duty orders, I will require the time indicated below to settle my affairs for entry on active duty. (Check appropriate box)

☐ 60 DAYS ☐ 30 DAYS ☐ 10 DAYS ☒ AVAILABLE ON DATE OF RECEIPT OF ORDERS

13. REMARKS (If more space is needed, continue on separate sheet)

Include information you consider essential in making your assignment, i.e. enrolled in the Exceptional Family Member Program or Army Married Couples Program.

14. SIGNATURE OF APPLICANT

Applicant's Signature

Person Summary

INDIVIDUAL'S NAME

Person Category

Active Duty - Enlisted (USA)

SSN: 000-00-0000

Open Investigation: N/A

PSQ Sent Date:

Attestation Date: N/A

Incident Report: N/A

SF 713 Fin

Consent Date: N/A

SF 714 Fin

Disclosure Date: N/A

Polygraph: N/A

Foreign Relation:

N/A

Date of Birth:

Marital Status: N/A

Place of Birth:

Citizenship:

NdA Signed: No

NdS Signed: No

PSQ Sent

Non-SCI Access History

Request to
Research/Upgrade
Eligibility

Accesses

| Category | PSP | Suitability and Trustworthiness | Available Actions |
|------------------------------|-----|--|---|
| Active Duty - Enlisted (USA) | No | <u>IT:</u> N/A <u>Public Trust:</u> N/A <u>Child Care:</u> N/A | <u>Indoctrinate Non-SCI</u> <u>Grant Interim</u> |

Person Category Information

Category Classification: N/A

Organization:

Organization Status: N/A

Occupation Code: N/A

Separation Date: N/A

SCI SMO: N/A

Non-SCI SMO:

(Date)

MEMORANDUM FOR Commander, US Army Recruiting Command, ATTN: RCRO-SM, Fort Knox,
KY 40121-2726

SUBJECT: Results of Medical Examination

The results of a commissioning/aviation physical are furnished for the following individual:

a. _____
(Rank) (Print or Type Last Name, First Name, MI)

b. _____
(SSN)

c. _____
(Unit, Company, Duty Station)

d. Physical Profile Code:

| P | U | L | H | E | S |
|---|---|---|---|---|---|
| | | | | | |

e. Height: _____ Weight: _____ Age: _____

f. Physical initiated on: _____
(Date)

g. Physical completed on: _____
(Date)

h. If Flight Physical, date approved from USAAMC: _____ Stamped: _____
(Applicant must include page one showing stamp from Fort Rucker.) (1W, 1A)

i. Individual _____ is Fully Qualified _____ is NOT Fully Qualified.

(Physician's Signature)

(Physician's Stamp)

Notes:

(1) 153A Applicants must include page one of the DD2808 with the Approved Stamp from USAAMC, Ft Rucker.

(2) Any Applicant applying for APFT waiver or Medical waiver must include entire physical.

| | | | | | | | | | | | | |
|---|---|--|---|------------------------------------|--|--|-------|---|----------------|--|-------------|--|
| REPORT OF MEDICAL EXAMINATION | | | 1. DATE OF EXAMINATION | | 2. SOCIAL SECURITY NUMBER | | | | | | | |
| PRIVACY ACT STATEMENT | | | | | | | | | | | | |
| <p>AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397</p> <p>PRINCIPAL PURPOSES(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service Members from the Armed Forces.</p> <p>ROUTINE USES: None.</p> <p>DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.</p> | | | | | | | | | | | | |
| 3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) | | | 4. HOME ADDRESS(Street, Apartment Number, City, State, and ZIP Code) | | | 5. HOME TELEPHONE NUMBER (Include Area Code) | | | | | | |
| 6. GRADE | | 7. DATE OF BIRTH | 8. AGE | 9. SEX | 10. RACE | | | | | | | |
| 11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN | | 12. AGENCY (Non-Service Members Only) | | 13. ORGANIZATION UNIT AND UIC/CODE | | | | | | | | |
| 14.a. RATING OR SPECIALITY (Aviators only) | | b. TOTAL FLYING TIME | | c. LAST SIX MONTHS | | | | | | | | |
| 15.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force | b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard | c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Report <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input checked="" type="checkbox"/> Flight <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program | | | 16. EXAMINING LOCATION AND ADDRESS (Including ZIP Code) | | | | | | | |
| CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated) | | | | | | | | | | | | |
| | | Normal | Ab-normal | NE | 44. Notes (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.) | | | | | | | |
| 17. Head, face, neck, and scalp | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">CLASS</td> <td>1W Class 1W, Warrant Officer aviator training applicant</td> </tr> <tr> <td>DIGITAL RECTAL</td> <td></td> </tr> <tr> <td>STOOL GUIAC</td> <td></td> </tr> </table> | | CLASS | 1W Class 1W, Warrant Officer aviator training applicant | DIGITAL RECTAL | | STOOL GUIAC | |
| CLASS | 1W Class 1W, Warrant Officer aviator training applicant | | | | | | | | | | | |
| DIGITAL RECTAL | | | | | | | | | | | | |
| STOOL GUIAC | | | | | | | | | | | | |
| 18. Nose | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 19. Sinuses | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 20. Mouth and throat | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 21. Ears - General (Int. and ext. canals/Auditory acuity under item 71) | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 22. Drums (Perforation) | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 23. Eyes - General (Visual acuity and refraction under items 61 - 63) | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 24. Ophthalmoscopic | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 25. Pupils (Equality and reaction) | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 26. Ocular motility (Associated parallel movements, nystagmus) | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 27. Heart (Thrust, size, rhythm, sounds) | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 28. Lungs and chest (Include breasts) | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 29. Vascular system(Varicosities, etc.) | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 30. Anus and rectum(Hemorrhoids, Fistulae) (prostate, if indicated) | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 31. Abdomen and viscera(Include hernia) | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 32. External genitalia(Genitourinary) | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 33. Upper extremities | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 34. Lower extremities (Except feet) | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 35. Feet (See item 35 Continued) | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 36. Spine, other musculoskeletal | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 37. Identifying body marks, scars, tattoos | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 38. Skin, lymphatics | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 39. Neurologic | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 40. Psychiatric (Specify and personal deviation) | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 41. Pelvic (Females only) | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | | | | |
| 42. Endocrine | | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> | 35. FEET (Continued) | | | | | | | |
| 43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.) | | <input checked="" type="radio"/> Acceptable | <input type="radio"/> Not Acceptable | Class <u>II</u> | <input checked="" type="radio"/> Normal Arch <input type="checkbox"/> Mild <input type="checkbox"/> Asymptomatic <input type="radio"/> Pes Cavus <input type="checkbox"/> Moderate <input type="radio"/> Pes Planus <input type="checkbox"/> Severe <input type="checkbox"/> Symptomatic | | | | | | | |

NAME: WHO, You Are
RANK: Sergeant
SSN: 000-00-0000

ADDRESS: Street Address
City, State ZIP
Telephone Number
email:

UNIT: HHC, III Corps
Fort Hood TX 76544
DSN: 738-7411
email:

OBJECTIVE: To obtain an appointment as a warrant officer, USAR, in MOS 153A, Aviator

CIVILIAN EDUCATION: (*This should agree with Block 21 of the DA Form 61*)

Bachelor of Science, University of Maryland, College Park, MD; Associate of Arts, Central Texas College, Killeen, TX; Diploma, Orchard View High School, Muskegon, MI (**Bold high GPA, Dean's List, special recognition, etc**)

MILITARY EDUCATION:

List in order from most recent to earliest training attended/completed.

12 Jan 97 - 11 Apr 97
BNCOC
US Army Soldier Support Center

Bold individual accomplishments such as **distinguished** or **honor graduate**. Stress MOS related subjects. How is school Ft Jackson, SC relevant? Indicating mid-level management school or just listing the scope of training is not very descriptive.

6 Aug 95 - 1 Sep 95
PLDC
NCO Academy
Camp Jackson, Korea

Resume is very important, it shows your ability to communicate in written form. Write at the 12th grade level and use a thesaurus to help with vocabulary. Do both spell and grammar checks because errors will doom an application.

1 Feb 93 - 12 Mar 93
Personnel Management Specialist
US Army Soldier Support Center
Fort Jackson, SC

There will be board members unfamiliar with your MOS so use easily understood terms. Make it reader-friendly. If using MOS specific terms, spell them out and **show the acronym in bold in parenthesis**. It is acceptable to use the acronym alone the second time. **Do not overuse bolding effect**, it could be a distraction to board members.

Can list completed correspondence courses but not subcourses.

MILITARY EXPERIENCE:

Jul 97 - Present
Enlisted Assignments NCO
HHC, III Corps
Fort Hood, TX

List **ALL** military assignments which should coincide with your ERB. Concise job description focusing on the unique characteristics of your specific positions. List **outstanding achievements** and **additional duties** while in position. Spell out terms that apply to your assignment and then **bold the acronym** for any key terms/buzzwords in your MOS, i.e. Prescribed Load List (**PLL**).

Jul 94 - Jun 97
Records NCO
Ft Jackson, SC

Bold any significant achievements, impact awards, receipt of unit coins, certificates of achievement, or appearance before soldier/NCO of the month/qtr boards.

Jun 93 - Jun 94
Levy Clerk
A Det 516th PSB
APO AP 96205, Korea

Focus on **measurements of success**. **NOT** just a job description, but how well you did the job. Use NCOER bullets as a reference. Mention if you **exceeded standards on a significant inspection/evaluation**. **Bold deployments** or make a separate assignment entry if deployment was for several months.

CIVILIAN EXPERIENCE PERTINENT TO MOS : (If none, then omit this part)

Jan 90 - Dec 90
Secretary
Kelly Temporary Services
Grand Rapids, MI

Use same guidance as above. Explain any relevant experience or training you obtained that pertains to the requested WO MOS. Leave blank if no relevant civilian experience.

SUMMARY:

Write a paragraph or two explaining why you are fully qualified to perform the duties of a warrant officer in your skill. This is a very important part of the resume. Make this a call to action, but do so without turning off the reader. Include in **bold** type all of your **significant accomplishments/achievements (below-the-zone promotions, impact awards, noteworthy distinctions, deployments, challenging assignments, unique skills in MOS, standards exceeded on a significant inspection/evaluation, etc)** mentioned earlier and explain how you are exceptionally qualified and have the leadership, management and technical skills needed to become a WO. Answer this question: **What have you done or accomplished that sets you apart from your peers?** (Additionally, aviator applicants should include why they want to be an Aviator.)

Other notes:

- Use plain white paper, black ink and a 12 point standard font such as Arial or Times New Roman.
- Do not go through a big expense. Prepare the resume yourself, but do a quality job.
- If you are non-Army, the resume takes on increased importance in conveying your qualifications to become an Army Warrant Officer. Do not confuse board members with "lingo" that they will not know or understand.
- Leave out the generalized statements that will cause the "So what?" question.
- Ensure to get reviewed by superior(s) and peers to make sure it makes sense.